

FACSIMILE COVER SHEET

SALIWANCHIK, LLOYD & SALIWANCHIK
A PROFESSIONAL ASSOCIATION

P.O. Box 142950, Gainesville, FL 32614-2950

COURIER: 3107 S.W. Williston Rd., Gainesville, FL 32608

Telephone: (352) 375-8100

Facsimile: (352) 372-5800

www.slsipatents.com

RECEIVED
CENTRAL FAX CENTER

FEB 10 2006

TO: Commissioner for Patents
U.S. Patent and Trademark Office

FAX NO.: 571-273-8300

FROM: David R. Saliwanchik

DATE: February 10, 2006

NUMBER OF PAGES (INCLUDING COVER SHEET): 2

If you do not receive all pages or if any part of this transmission is not legible, call the sender at (352) 375-8100.

SUBJECT/MESSAGE:

Revocation of Power of Attorney and Change of Correspondence Address

Attorney Docket No.:	AME-10/694,453T
Application No.:	10/694,453
Filing Date:	October 27, 2003
Applicant:	Vladimir Gorokhovskiy
Art Unit:	1753
Examiner:	Rodney Glenn McDonald

The information contained in this facsimile message is intended only for the personal and confidential use of the designated recipients named above. This message may be an attorney-client communication, and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message by mail. Thank you.

BEST AVAILABLE COPY

RECEIVED
CENTRAL FAX CENTER

FEB 10 2006

PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/694,453
Filing Date	October 27, 2003
First Named Inventor	Vladimir Gorokhovskiy
Art Unit	1753
Examiner Name	Rodney Glenn McDonald
Attorney Docket Number	AME-10/694,453T

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

46271

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

46271

OR

☐ Firm or
Individual Name

Address

City

State

Zip

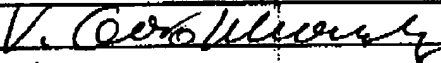
Country

Telephone

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Vladimir Gorokhovskiy		
Date	2/10/06	Telephone	(406) 549-7451

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY